CuraScriptSD

MALROTATION AWARENESS

Adult Intestines Measure Over 20 Feet in Length

Nearly 60% of Malrotation Cases are Diagnosed in an Infant's First Week of Life.
Malrotation is a defect that occurs while a baby is growing in utero. Early in the first trimester once the intestine leaves the umbilical cord and begins to grow in the abdomen, the intestine begins to twist and wind within the abdomen naturally. If the intestine grows incorrectly malrotation occurs. Different complications arise from malrotation depending on how the intestine attached itself to the abdomen and what organs were impacted from the incorrect growth pattern.

Please use this guide as a resource for knowledge and understanding of malrotation symptoms, complications, diagnosis, and treatment.

01 | Symptoms
Malrotation occurs in utero in the first trimester when the fetus's umbilical cord does not properly form in the abdomen. While a mother and fetus may not suffer any symptoms of malrotation during pregnancy, once a child is born the first signs of malrotation is severe cramping, vomiting, and lack of bowel movements.

02 | Complications
Malrotation can cause several life-threatening issues and have effects on other organs. Children born with malrotation often suffer from other defects of the digestive system and abnormalities in other organs. Obstructions are the most critical complication and surgery is required to correct the issues. The most severe and common ways obstructions form from malrotation are:

- **Volvulus** – occurs when the bowel twists and fold over itself. The blood flow becomes restricted to the tissue and causes the tissues to die.
- **Ladd's Bands** – occurs when bands of tissue form and obstruct the small intestine.

03 | Diagnosis
Diagnosing malrotation or any complications caused by malrotation is typically a time sensitive and emergency situation. Different forms of imaging can help with a quick diagnosis, X-ray, CT scan, or an ultrasound can help a provider quickly see the condition of the intestine and view any blockages or malformed tissues.

04 | Treatment
Urgency for treatment depends on the severity and condition of the patient. While procedure options are reviewed a patient may be put on IV fluids to prevent dehydration, antibiotics to combat infection, or a nasogatric tube to prevent gas buildup. If there is a bowel obstruction surgery is immediately necessary to ensure the health of the intestine. Several methods and procedures may be involved to correct malrotation and all related complications. Surgery is necessary to remove blockages and to remove any compromised organs and tissues. If too much intestine must be removed a colostomy is performed. Many patients who receive proper treatment will not experience long-term complications.

For more information on malrotation and other gastrological conditions, please visit:
http://www.gi.org

Did You Know?
1 in 500 babies in the U.S. are born with malrotation

References
https://kidshealth.org/en/parents/malrotation.html

https://my.clevelandclinic.org/health/diseases/10029-malrotation/management-and-treatment